SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved OMB No. 3209-0001

U.S. Office of Government Ethics											ONE 140: 5209-000
Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status	Incumbent	Calendar Year Covered by Report	New I Nomi	Entrant, nee.		Termir Filer	nation	Termination Date (If Appli- cable) (Month, Day, Year)	-	Fee for Late Filing
	(Check Appropriate Boxes)				ndidate	Ш		<u> </u>		Ц	Any individual who is required to file this report and does so more than 30 days after
Reporting	Last Name				First Nan	ne and Midd	le Initial				the date the report is required to be filed, or,
Individu al's Nam e											if an extension is granted, more than 30 days after the last day of the filing extension
Position for Which	Title of Position				Departme	ent or Agen	y (If Appli	cable)			period, shall be subject to a \$200 fee.
Filing											Reporting Periods
Location of	Address (Number, Stree	rt, City, State, and	ZIP Code)				Teleph	none No.	(Include Area Code)		Incumbents: The reporting period is the preceding calendar year except Part II of
Present Office (or forwarding address)											Schedule C and Part I of Schedule D where you must also include the filing year up to
Position(s) Held with the Federal	Title of Position(s) and	Date(s) Held									the date you file. Part Ⅱ of Schedule Ď is
Government During the Preceding 12 Months (If Not Same as Above)											not applicable.
(Termination Filers: The reporting period begins at the end of the period covered by
Presidential Nominees Subject	Name of Congressional	Committee Consi	dering Nomination		Do You I	ntend to Cr	eate a Qual:	ified Div	ersified Trust?		your previous filing and ends at the date of termination. Part II of Schedule D is not
to Senate Confirmation						Yes			No No		applicable.
Certification	G:t	To discidend					D-t- /	a december D) If		Nominees, New Entrants and Candidates for President and
I CERTIFY that the statements I have	Signature of Reporting	individual					Date (2	Montn, D	oay, Year)		Vice President:
made on this form and all attached schedules are true, complete and correct to the best of my knowledge.											Schedule AThe reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year
Other Review	Signature of Other Revi	ewer					Date (2	Month, D	ay, Year)		up to the date of filing. Value assets as of any date you choose that is within 31 days
(If desired by agency)											of the date of filing
agenty)											Schedule BNot Applicable
Agency Ethics Official's Opinion	Signature of Designated	Agency Ethics O	fficial/Reviewing Offici	al .			Date (2	Month, D	ay, Year)		Schedule C, Part I (Liabilities)The reporting period is the preceding calendar
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below.)											year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
0.00 4.0 17.11	Signature						Date (2	Month, D	ay, Year)		Schedule C, Part II (Agreements or
Office of Government Ethics Use Only											Arrangements)Show any agreements or arrangements as of the date of filing.
Comments of Reviewing Officials (If a	 additional space is rea	uired, use the re	everse side of this								Schedule D The reporting period is the
sheet)				eck box if fi	ling exter	nsion grante	d & indic a	te numbe	r of days)	П	preceding two calendar years and the current calendar year up to the date of filing.
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										ŀ	Agency Use Only
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										,	OGE Use Only
					(Ch	eck box if c	omments ar	re contini	ued on the reverse side)		

Reporting	In dividual's Name		SCHEDULE A															Page Number																	
	Assets and Income				at o	Va clos	lua e of															oe a										an	\$201)" is chec	ked, no	_
	BLOCK A						Ι	BLO	CK I	В																BL	OCE	(C						_	
sincome standard stan	your spouse or dependent children, re et held for investment or the production which had a fair market value exceeding the close of the reporting period, togeth income. The close of the reporting period, togeth income income exceeding \$200 (other than \$1.000 (except report the mount of any honoraria over \$200 of years).	on of ng ether er use,	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50 000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	hterest a	Capital Gains	None (or less than \$201)	\$201-\$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000		\$100,001 - \$1,000,000		\$1,000,000 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Da Yr.) Only if Honorari	f
Examples	Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund	 			<u>x</u>	х	х		x			-	- - - -	_ _ _	$\frac{x}{x}$	_	_ _ _	<u>x</u>			_ :		 	Х	х	X				_		_	Law Partne rship Income \$130,000		_ _
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4																																			
5																																			
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	category applies only if the asset/inco the filer with the spouse or dependent																		set/i	inco	me	is ei	ther	that	of t	he f	iler	or j	oint	ly h	eld				

Reporting Individual's Name		SCHEDULE A continued												Page Number																			
Assets and Income			at	Va t clos		f rep	oort	ing		iod										e ar			Bl	ock	C :	for				an S	\$201)" is che	ked, no	0
BLOCK A	\dashv	T	Т	Т	I	BLO	CK I	3 		\neg		Г				┞	Tx	рe						BLO	OCE		nou	n t				$\overline{}$	
		Nome (or less than \$1,001)	\$1,001 - \$10,000 \$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000 **	\$1,000,001 - \$5,000,000	\$5,000,000 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50 000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties		Capital Gains	None (or less than \$201)	\$201-\$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000		000		\$1,000,000 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Dai (Mo., Yr. Only Hono	<i>Day,</i> .) y if
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*This category applies only if the asset/incom	me is s	olely	that	oft	he fil	ler's	spo	use	or d	eper	ıder	nt ch	ildr	en.	If th	e as	set/i	inco	me i	s eit	her	that	of t	he fi	iler	or j	oint	ly h	eld		-	-	

by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

U.S. Office of Government Ethics	-																	
Reporting Individual's Name	S	сш	EDU	JLF	E B							Pa	age Nı	ımber				
Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent children	report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse,	Non	ie _]														
during the reporting period of any real property, stocks, bonds, commodity futures,	or dependent child. Check the "Certificate of	$T_{\underline{r}}$	ansact Type (1	ion ()					Α	mount	t of Tr	ansact	ion (x)				
and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not	divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purles		Enchange Enchange	Date (Mo., Day, Yr.)	.001-	*17.001- *70.000	1.0.001- 1100.000	.0000 .0000	70,00 1 -	t'00.001- tl.000.000	O:va #1.000.000 ·	#1.000.001- #7.000.000	t'.000.001- t2'.000.000	7,000,001 0,000,000	O:va \$*0.000.000	Contribute of Less three	
	ation of Assets	_	3	軲		##	##		₽#	4 4	÷ #	Ò₽	귝뇬	7.2	27.77	٥¥	33	
Example: Central Airlines Common		X	-		02/01/1999		<u> </u>	Х	\dashv				├─				_	
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by the filer with the spouse or dependent cl	ne is solely that of the filer's spouse or dependen hildren, mark the other higher categories of value				set/income is eit	her th	at of t	the files	r or jo	ointly	held							
Part II: Gifts, Reimbursemel For you, your spouse and dependent children, revalue of: (1) gifts (such as tangible items, transpreceived from one source totaling \$260, and (2) from one source totaling more than \$260. For conformation for receipt, such as personal friend, agency approauthority, etc. For travel-related gifts and reimber the nature of expenses provided. Exclude anythms.	eport the source, a brief description, and the portation, lodging, food, or entertainment) travel-related eash reimbursements received onflicts analysis, it is helpful to indicate a basis roval under 5 U.S.C. § 4111 or other statutory cursements, include travel itinerary, dates, and	relati to yo aggre	ves; r u; or j egatin	eceive provid g gifts	ment; given to y ed by your spous led as personal h s to determine th tions for other ex	e or o ospita e tota	lepeno ality a l valu	lent chi t the do	ild to mor's	tally i	indep dence.	enden . Also	nt of t o, for p	their re purpos worth	elation ses of	or		
Source (Name and Address)				В	rief Description										Т	Valu	e	
Examples: Nat'l Assn. of Rock Collectors, NY, 1 Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incider Leather briefcase (personal friend)	n <u>t to nat</u> i	onal c	on <u>fer</u> er	nce 6/15/99 (perso	na <u>la</u> ct	ivity u	nrelated	l to du	ı <u>ty)</u> _					- F	\$500 \$300		
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

U.S. Office of Government Ethics																	
Reporting Individual's Name					ontinued ded)							Page Number					
Part I: Transactions																	
		Tr:	ansacti 'ype (x	on)					Α	Amount	t of Tr	ansact	ion (x))			
		Purles	વ	ർസ ന്യാല <u>െ</u>	Date (Mo., Day, Yr.)	.001-	7.001- 0.000	0.001- 00.000	00.001- 70.000	t270,001- t700,000	00,001- .000,000	.000,000	.000.000.	.000.001-	7,000,001- 0,000,000	0:00 7.0.000.000	ottóska of Settra
1 d	lentification of Assets	Ā	बुद	핖		무무	₽.	4.	무무	24	÷₽	Ò₽	무누	72	24	<u> </u>	್ಕ
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*This category applies only if the asset by the filer with the spouse or depend	/income is solely that of the filer's spouse or dependent of thent children, mark the other higher categories of value,	childre as app	n. If t ropria	he as: ite.	set/income is eitl	her th	at of tl	he fil	er or j	ointly	held						

											Page	Numb	er		
	SC	HEDU	LE C												
Part I: Liabilities		_													
Report liabilities over \$10,000 owed to any on	e personal residence unless it is rented out; loans	None						Categ	ory of	Amour	nt or V	alue (x)		
creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on your	appliances; and liabilities owed to certain relatives listed in instructions. See instructions	Date	Interest	Term if	\$10,001- \$17,000	‡1 ,001- ‡ 0,000	\$70,001- \$100,000	\$100.001- \$2*0.000	\$270,001- \$700,000	\$700,001- \$1,000,000	O:va \$1.000.000 ·	†100.001- † 7.000.000	\$7,000,001- \$27,000,000	†2 ,000,001- † 0,000,000	8
Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicabl	₽#	##	₽₽ ₽₽	<u> </u>	50	₽₽	ő₽	₽£	24	22	őå
Examples: First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	e 25 yrs. on demand			_X_		- x		_				
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	me is solely that of the filer's spouse or dependent chechildren, mark the other higher categories of value, as			come is eitl	ner tha	t of th	e files	r or joi	intly h	eld	•				
	children, mark the other higher categories of value, as ingements or: (1) continuing participation in an ferred compensation); (2) continuation of		(4) future	e employm	ent. Se	ee inst	ructio	ns reg			eportii	ng of	No	one	
Part II: Agreements or Arra Report your agreements or arrangements for employee benefit plan (e.g., pension, 401k, del payment by a former employer (including seven	children, mark the other higher categories of value, as angements or: (1) continuing participation in an ferred compensation); (2) continuation of near ance payments); (3) leaves of Terms of any Agreement or Arrangement	appropriate	:. (4) future for any of	e employm	ent. Se	ee inst	ructio	ns reg	arding		eporti	ng of	No		Date
Part II: Agreements or Arra Report your agreements or arrangements for employee benefit plan (e.g., pension, 401k, del payment by a former employer (including seven	children, mark the other higher categories of value, as angements or: (1) continuing participation in an alferred compensation); (2) continuation of negrance payments); (3) leaves of	appropriate	:. (4) future for any of	e employm	ent. Se	ee inst ents or	ructio benef	ns reg fits.	arding		eportii	ng of	No]) ate 198:
Pursuant to partnership agreement, will r	children, mark the other higher categories of value, as angements or: (1) continuing participation in an ferred compensation); (2) continuation of near ance payments); (3) leaves of Terms of any Agreement or Arrangement	appropriate	:. (4) future for any of	e employm f these arra	ent. Se	ee inst ents or	ructio benef	ns reg fits.	arding		eporti	ng of	No]	
Pursuant to partnership agreement, will r	children, mark the other higher categories of value, as angements or: (1) continuing participation in an ferred compensation); (2) continuation of near ance payments); (3) leaves of Terms of any Agreement or Arrangement	appropriate	:. (4) future for any of	e employm f these arra	ent. Se	ee inst ents or	ructio benef	ns reg fits.	arding		eporti	ng of	No]	
Pursuant to partnership agreement, will r service performed through 1/00.	children, mark the other higher categories of value, as angements or: (1) continuing participation in an ferred compensation); (2) continuation of near ance payments); (3) leaves of Terms of any Agreement or Arrangement	appropriate	:. (4) future for any of	e employm f these arra	ent. Se	ee inst ents or	ructio benef	ns reg fits.	arding		eportii	ng of	No]	
Pursuant to partnership agreement, will r service performed through 1/00.	children, mark the other higher categories of value, as angements or: (1) continuing participation in an ferred compensation); (2) continuation of near ance payments); (3) leaves of Terms of any Agreement or Arrangement	appropriate	:. (4) future for any of	e employm f these arra	ent. Se	ee inst ents or	ructio benef	ns reg fits.	arding		eporti	ng of	No]	

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Reporting Individual's Name		SCHEDULE D		Page Number	
Part I: Positions Held Outside U	J.S. Government				
Report any positions held during the applicable report or not. Positions include but are not limited to those general partner, proprietor, representative, employed firm, partnership, or other business enterprise or any	of an officer, director, trustee , or consultant of any corporat	, fraternal, or political entitie	institution. Exclude positions with research those solely of an honorary nate	ure.	Jone 🔲
Organization (Name and Add.	ress)	Type or Organization	Position Held	From (Mo., Yr.)	T∘ (Mo., Y
Examples: Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, USA		Non-profit education Law firm	Presi dent Partner		Present 1/2000
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3					
4					
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6					
Part II: Compensation In Exces	s of \$5,000 Paid by	One Source Do not Filer,	t complete this part if you are a or Vice Presidential or Presiden	n Incumbent, Tern tial Candidate	nination
Report sources of more than \$5,000 compensation rebusiness affiliation for services provided directly by the reporting period. This includes the names of clic corporation, firm, partnership, or other business enter	you during any one year of ents and customers of any	non-profit organization when you di	rectly provided the services generating You need not report the U.S. Govern	g a nment	Jone 🔲
Source (Name and Addres	s)		Brief Description of Duties		
Examples: Doe Jones & Smith, Hometown, USA Metro University (client of Doe Jones & Smith), Moneytown, USA	Legal services Legal services in connection with university c			
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2					
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5					